

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36401

FILED NOV 5 1957

STATE FILE NUMBER

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Missouri				c. CITY OR TOWN Carl Junction, Mo.			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp.				d. STREET ADDRESS 204 Summit St			
Length of stay in lb 5 days				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CAREY Middle W. Last WARE				4. DATE OF DEATH 10-28-1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-11-1890	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming			
11. BIRTHPLACE (City and state or country) Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John Wesley Ware				14. MOTHER'S MAIDEN NAME Permelia Rothenbarger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 499-24-3877		17. INFORMANT Address Mabel Ware, Carl Junction, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pericardial effusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4201							
INTERVAL BETWEEN ONSET AND DEATH 1 week							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Jan. 3, 1956 to Oct. 28, 1957 and last saw him alive on 10/27/57 Death occurred at 1:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Stiles (Degree or title) D. O.				22b. ADDRESS Carl Junction, Mo			
22c. DATE SIGNED 10/28/57				22d. DATE RECD. BY LOCAL REG. 10-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery			
23c. LOCATION (City, town, or county) (State) Carl Junction, Missouri				23d. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			
24. FUNERAL DIRECTOR Carl Junction, Mo.				25. DATE RECD. BY LOCAL REG. 10-30-57			
(Licensed Embalmer's Statement on Reverse Side)							

MEDICAL CERTIFICATION

NOV 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed James E. Oliver

Licensed Embalmer No. 446

P. O. Address W.H. City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.